

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10600278

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
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48		/				
49		/				
50		/				
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
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52			/									
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TOTAL IND.	↓		↓		↓		↓		↓		↓	
TOTAL DEP.	←		←		←		←		←		←	
TOTAL CLAIMS												